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CHURCH HILL CARE & REHAB CTR CHURCH HILL, TN 37642 (PA) ID SUMMARY STATEMENT OF DEPICIENCES (RECHATORY OR LSC DENIFYING INFORMATION) REGULATORY OR LSC DENIFYING INFORMATION REQUIred automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.6 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system. The findings include: Observation on 2/16/16 at 1:20 PM revealed 10 maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors entering zone by the Region include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors entering zone by the sadmit for steel doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors entering zone by the sadmit for steel doors.			•	A. BUILDING 01 - MAIN BUILDING 01		ÇO	MPLETED
CHURCH HILL CARE & REHAB CTR OF WEST MAIN BLVD CHURCH HILL, TN 37642 PREFIX (RACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATION OR LOS DEMTHYMINE INFORMATION) NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are conflicuously maintained in reliable operating condition and are inspected and tested periodically. 19,7.6, 4.6.12, NFPA 13, NFPA 25, 9,7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system). The findings include: Observation on 2/16/16 at 2:30 PM revealed 2 sprinkler heads were reliable of the housekeeping office is pushed up into the celling. These findings were verified by the administrator during the exit conference on 2/16/16. NFPA 25 25-21.11 These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/16/16. NFPA 25 25-21.17 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler head in the housekeeping office is pushed up into the celling. These findings were verified by the administrator during the exit conference on 2/16/16. NFPA 25 25-21.17 The findings include: OTHER LSC DEFICIENCY NOT ON 2786 K 130 The three heur metal cross certifor fire doors entering Zone by asset separed by the Plant Operations on 3/16/16 at 1:20 PM revealed to maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed the 3 hour metal cross corridor fire doors entering zone by the global bicketor of Engineering and the door on the pull side and the frame, and the menting edges of doors winging in pairs on the pull side and the frame, and the menting edges of doors winging in pairs on the pull side and the frame, and the menting edges of doors winging in pairs on the pull side and the frame, and the menting edges of doors winging in pairs on the pull side and the frame, and the menting edges of doors winging the pairs on the pull side and the fram				B. WING_		02/45/2040	
PROPRET AND CONTRESS TO SHOULD STAND FOR STAND CONTRESS TO SHOULD SEED TO THE APPROPRIATE DEPENDING INFORMATION) K 062 NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system. The findings include: Observation on 2/16/16 at 2:30 PM revealed 2 sprinkler heads by the kilchen hood are corroded and loaded and the sprinkler head in the housekeeping office is pushed up into the ceiling. These findings were verified by the administrator during the exit conterence on 2/16/16. NFPA 25 2-2.1.1* K 130 OTHER LSC DEFICIENCY NOT ON 2786 K 130 OTHER LSC DEFICIENCY NOT ON 2786 The findings include: Observation on 2/16/16 at 1:20 PM revealed to maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed the 3 hour metal cross corridor fire foors entering on 18/16/16 to meet the regulation of "the darance between the edge of the door on the pull side shall be 1/8 inch-1/16 of an inch for steel doors." The findings include: Observation on 2/16/16 at 1:20 PM revealed the 3 hour metal cross corridor fire foors entering considerable to maintain fire doors. The findings include: OSSERPERENCED TO THE APPROPRIATE DEFICIENCY NOT ON 2786 K 062 The facility sprinkler system is maintained. The 2 sprinkler heads were measured on 3/1/16 at at with the repulsion developed by the Plant Operation and/or Regional Director of Engineering. The three heur metal cross corridor fire doors entering to the plant operation and plant pla		H HILL CARE & REHA	<u> </u>	·	701 WEST MAIN BLVD		
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler head in the housekeeping office is pushed up into the ceiling. These findings were verified by the maintenance director and acknowledged by the maintenance director and acknowledged by the administrator during the exit conference on 2/16/16. NFPA 25 2-2.1.1* NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 The strandard in the facility sprinkler system is maintaind. The plant operations was prepared to the clerk of the simple testeristican. All sprinkler heads will be decked monthly for the next three months and findings reported to the Operations Manager and/or Regional Director of Engineering. The findings include: Otherwald in the facility sprinkler system is maintaind. The findings were were measured on 3/1/15 and will be replaced by the Simple testeristican. All sprinkler heads will be decked monthly for the next three months and findings reported to the decked monthly for the next three months and findings reported to the Chemittee by the Plant Operations Manager and/or Regional Director of Engineering. K 130 The strandard provided by the Plant Operations Manager and checked by the Regional Director of Engineering on 3/16/16 the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY CULL	ID PREFIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	I D DC	
This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system. The findings include: Observation on 2/16/16 at 2:30 PM revealed 2 sprinkler heads by the kitchen hood are corroded and loaded and the sprinkler head in the housekeeping office is pushed up into the ceiling. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/16/16. NFPA 25 2-2:1.1* K 130 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain fire doors. The findings include: Observation on 2/16/16 at 1:20 PM revealed the 3 hour metal cross corridor fire doors.		Required automatic continuously maintal condition and are insperiodically. 19.7.6	sprinkler systems are ined in reliable operating spected and tested	K 062	maintained. The 2 sprinkler heads were measured on 3/7/16 and will be replaced by the Simplex technician, All sprinkler heads will be checked monthly for the next three months and findings		3/19/16
Observation on 2/16/16 at 2:30 PM revealed 2 sprinkler heads by the kitchen hood are corroded and loaded and the sprinkler head in the housekeeping office is pushed up into the ceiling. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/16/16. NFPA 25 2-2.1.1* NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 K 130 The three hour metal cross corridor fire doors entering Zone 3 was repaired by the Plant Operations Manager and checked by the Regional Director of Engineering on 3/16/16 to meet the regulation of "the clearance between the edge of the door on the pull side and the frame, and the meeting edges of doors swinging in pairs on the pull side shall be 1/8 inch – 1/16 of an Inch for steel doors."		This STANDARD is Based on observation	n, the facility failed to		Plant Operations Manager/designee. All identified concerns will have plan developed and monitored by the Plant Operations Manager and/or Regional		
director and acknowledged by the administrator during the exit conference on 2/16/16. NFPA 25 2-2.1.1* NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 K 130 The three hour metal cross corridor fire doors entering Zone 3 was repaired by the Plant Operations Manager and checked by the Regional Director of Engineering on 3/16/16 to meet the regulation of "the clearance between the edge of the door on the pull side and the frame, and the meeting edges of doors swinging in pairs on the pull side shall be 1/8 inch – 1/16 of an Inch for steel doors." Observation on 2/16/16 at 1:20 PM revealed the 3 hour metal cross corridor fire doors entering zone	:	Observation on 2/16/ sprinkler heads by the and loaded and the sp	kitchen hood are corroded				* *
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hour metal cross corridor fire doors entering zone	m	Based on observation, naintain fire doors.	ot met as evidenced by: , the facility failed to		and the frame, and the meeting edges of doors swinging in pairs on the pull side shall be 1/8 inch – 1/16 of an Inch		
	ho	our metal cross corrid	or fire doors entering zone				

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days tays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

CENTE	RS FOR MEDICARI	E & MEDICAID SERVICES			FORM): 02/18/2019 AAPPROVED V 0029 000	
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED		
	· • • · · · · · · · · · · · · · · · · ·	445237	B. WING_				
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 02	/16/2016	
CHURCI	H HILL CARE & REHA	AB CTR		701 WEST MAIN BLVD			
		· · · · · · · · · · · · · · · · · · ·		CHURCH HILL, TN 37642			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	IDDE	(X5) COMPLETION DATE	
K 130	3 has a gap greater	than 3/16 of an inch.	K 130	0		· · · · ·	
	director and acknow during the exit confe NFPA 80 2-3.1.7	•					
1	the pull side and the edges of doors swin shall be 1/8 in. ± 1/1	een the edge of the door on frame, and the meeting ging in pairs on the pull side 6 in. (3.18 mm ± 1.59 mm) shall not exceed 1/8 in. (3.18					
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